| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 395707 | A. BLDG: 00<br>B. WING: | 05/25/2023 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
|---|---|
| **CLARION HEALTHCARE AND REHABILITATION CENTER**<br>STATE LICENSE NUMBER: **591202** | **999 HEIDRICK STREET**<br>**CLARION, PA 16214** |

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| F 0000 | INITIAL COMMENT<br><br>Based on a Medicare/Medicaid Recertification Survey, State Licensure Survey, and Civil Rights Compliance Survey completed May 25, 2023, it was determined that Clarion Nursing and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations. | F 0000 | | |
| F 0695<br><br>SS=D | | F 0695 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| F 0695<br><br>SS=D | Continued from page 1<br><br>483.25(i) Respiratory/Tracheostomy Care and Suctioning<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br><br>This REQUIREMENT is not met as evidenced by: | F 0695 | 1. Resident R34 Oxygen was adjusted to 3liters as per ordered.<br><br>2. Residents with oxygen orders were verified that correct liter flow for O2 is correct on concentrator.<br><br>3. Licensed staff were educated on Oxygen policy and ensuring that we follow Oxygen orders. Nursing staff will validate that O2 flow is correct during medication administration.<br><br>4. Director of Nursing will audit residents with oxygen orders to ensure that orders are being followed 3 x weekly for 2 weeks then 1 x weekly for 2 weeks.<br><br>5. Audits will be reviewed/presented by the DON or designee at quality assurance and performance improvement (QAPI) meeting to ensure systemic change has been made. | Completion Date: **06/21/2023**<br>Status: **APPROVED**<br>Date: **06/07/2023** |

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| F 0695<br><br>SS=D | Continued from page 2<br><br>Based on review of facility policy and clinical records, observations, and staff interviews, it was determined that the facility failed to provide oxygen according to physician's orders for one of three residents reviewed for respiratory services (Resident R34).<br><br>Findings include:<br><br>Review of facility policy entitled "Oxygen Administration" dated 1/2/23, revealed "Verify that there is a physician's order ..... And Review physician's order for oxygen administration."<br><br>Review of Resident R34's clinical record revealed an admission date of 7/2/21, with diagnoses that included congestive heart failure (condition where your heart cannot supply enough blood to meet your body's needs resulting in symptoms such as difficulty breathing, swelling, and weakness), anxiety, and high blood pressure.<br><br>Observation of Resident R34's oxygen flow meter | F 0695 | | |

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| F 0695<br><br>SS=D | Continued from page 3<br><br>(a medical device used for oxygen flow measurement) on 5/22/23, at 2:45 p.m. revealed the oxygen flow measurement was at 2.5 liters per minute through a nasal cannula (a tube that delivers oxygen to your nose through soft prongs).<br>Observation of Resident R34's oxygen flow meter on 5/23/23, at 10:27 a.m. and again at 11:18 a.m. revealed the oxygen flow measurement was at 2.5 liters per minute through a nasal cannula.<br>Observation of Resident R34's oxygen flow meter on 5/24/23, at 12:12 p.m. revealed the oxygen flow measurement was at 1.5 liters per minute through a nasal cannula.<br><br>During an interview on 5/24/23, at 12:12 p.m. Registered Nurse (RN) Employee E1 confirmed the oxygen administration level was set at 1.5 liters per minute through a nasal cannula.<br><br>During review of the clinical record with RN employee E1 on 5/24/23, at 12:14 p.m. it was confirmed that the physician's order dated 3/17/23, was for oxygen at three liters per minute through a | F 0695 | | |

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| F 0695<br><br>SS=D | Continued from page 4<br><br>nasal cannula and not 2.5 or 1.5 liters.<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services<br><br>28 Pa. Code 211.5(f)(g)(h) Clinical records | F 0695 | | |
| F 0761<br><br>SS=D | | F 0761 | | |

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| F 0761<br><br>SS=D | Continued from page 5<br><br>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br><br>This REQUIREMENT is not met as evidenced by: | F 0761 | 1. All residents have the potential to be affected if TB or insulins are not dated when opened. The undated vial of Levemir and Tb were discarded.<br><br>2. Audit completed of all insulins in med carts and medication rooms to ensure insulins and tb's are dated if opened.<br><br>3. Education provided to licensed staff on the policy of medication storage. Staff educated on putting dates on insulin or Tb when opened.<br><br>4. Director of Nursing will audit medication carts and medication rooms to ensure that insulins and Tb have open dates on them 3 x weekly for 2 weeks then 1 x weekly for 2 weeks.<br><br>5. Audits will be reviewed/presented by the DON or designee at quality assurance and performance improvement (QAPI) meeting to ensure systemic change has been made. | Completion Date: **06/21/2023**<br>Status: **APPROVED**<br>Date: **06/07/2023** |

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| F 0761<br><br>SS=D | Continued from page 6<br><br>Based on [illegible] | F 0761 | | |

# Certified End Page

**CLARION HEALTHCARE AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 591202**

**SURVEY EXIT DATE: 05/25/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

*Jeane Parisi*
*Deputy Secretary for Quality Assurance*

*Debra L. Bogen, MD, FAAP*
*Acting Secretary of Health*

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY